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THE MULTISECTORAL HIV/AIDS GOVERNANCE AND ACHIEVEMENT OF AGENDA 2030 OF SDG3 ON GLOBAL HEALTH IN ZIMBABWE: PROSPECTS AND CHALLENGES

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Abstract. Whilst there is evidence of the progress made on practical approaches to improve action on addressing the social, economic, political and structural drivers of the HIV epidemic globally, meeting the Agenda 2030 sustainable development goals (SDGs) remains a challenge for most African countries. The international donor community heavily promoted the multisectoral HIV/AIDS intervention approach to the funding beneficiaries as a condition for funding for the past three decades. Notwithstanding the solid capital and human resources invested in this multisectoral HIV/AIDS coordinated approach, issues relating to the commodification of the pandemic by different organizations, political aggrandizement by political parties and misgovernance marred its implementation. This phenomenological evaluation qualitative desktop research examines the impact of the multisectoral HIV/AIDS approach and the achievement of Agenda 2030 of SDGs on global health in Zimbabwe. The study established that the multisectoral HIV/AIDS coordinated approach encountered political suffocation due to misgovernance, corruption and political aggrandizement by different organizations and dominant political players in Zimbabwe. The challenges such as disharmony and misery among the stakeholders due to political differences manifested, which impeded the prospects of the achievement of the Agenda 2030 of the SDGs on global health, curbing the challenges of the HIV/AIDS epidemic. The paper further argues that there is a need for incorporating peer review mechanisms through independent monitoring and evaluation of the AIDS agenda. A peer review process would be an effective governance tool for monitoring the implementation of AIDS programmes by governments and different stakeholder groups, including multilateral and bilateral agencies, NGOs and Civil Society Organisations. The study also recommends that the incumbent government abstain from over-politicizing humanitarian development in Zimbabwe to enhance resource-based bilateral and multilateral relationships between its country and its global health stakeholders.

Keywords: *Multisectoral HIV/AIDS approach, basic human needs, sustainable development goal, Agenda 2030, Global Health, Zimbabwe.*

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1. Introduction

Zimbabwe is one of the Southern African countries that gained independence from the British colony through a vicious and protracted liberation struggle (Makina, 2010). According to the Zimbabwe National Statistics Agency (2012) cited in Ringson (2022),

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Zimbabwe has an estimated population of 13 million people, with approximately three to four million currently living in foreign countries due to the socioeconomic and political challenges that have rocked the country from the early 2000s to date unabated. The population composition of the Zimbabwean population comprises 98% Africans (Shona 82%, Ndebele 14% and others 2%), Asians 1% and Whites less than 1% (Zimbabwe National Statistics Agency (2012) cited in Ringson (2022). Zimbabwe celebrated its socioeconomic and political glory in the first ten years of its attainment of independence, despite the tribal-ethnic war between the Ndebele and the Korean-trained Fifth Brigade Mugabe military wing, which ruthlessly claimed the lives of more than 20000 civilians in the Matabeleland province of Zimbabwe (Makina, 2010). Ringson (2022) asserts that the preceding genocidal history and other subsequent vindictive socioeconomically and politically motivated policies in Zimbabwe contaminated its political glory and placed itself in the humanitarian international spotlight.

Evidence from the studies by Makina (2010) and Chikawa (2023) reveals some socioeconomic incidents, including the fast-tracked deterioration or collapse of Zimbabwe's once-celebrated economy, including the Black Friday of 14 November 1997. The day mentioned above is when Mugabe, the former president of Zimbabwe, unilaterally declared that the Reserve Bank of Zimbabwe would give all the war veterans $50,000 each as compensation for their involvement in the liberation struggle. Subsequently, two years later, a gross infringement of the rule of law in 2000 precipitated by the state-sanctioned farm invasion, which saw most of the white people brutally killed while others left the country. These unfortunate events, coupled with the 2008 electoral malpractice, human rights violations, succession battles in the ruling Zimbabwe African National Union-Patriotic Front (ZANU-PF) political part, which culminated in the November 2017 coup that removed Mugabe from power, global pandemics such as HIV/AIDS ushered Zimbabwe in an unprecedented socioeconomic melt-down. As such, these events had ripple effects in the implantation of the multisectoral HIV/AIDS governance approach due to the imposition of the targeted sanctions on Zimbabwe by the European Union (EU), United States (US) and United Kingdom (UK) nearly 20 years ago. Chakawa (2023) posits that the targeted sanctions were a response to human rights violations, government policies and actions that impede democracy, the rule of law and respect for human and property rights. The preceding incidents jeopardized the relationship between Zimbabwe and the international donor community which funded the global humanitarian programmes.

The above synopsis of the socioeconomic and political history of Zimbabwe demonstrates that governance is a crucial driver and decisive factor in the outcome of the efforts to respond to HIV/ADS and is critical for the effective implementation of the programmes and policies that require coordination across sectors and levels of the government. Mahlanga et al. (2017) argue that international organizations advocate a multisectoral response as an excellent strategy to address the multiple drivers and impact of HIV/ADS in fostering the achievement of the 2030 sustainable development agenda. Thus, the multisectoral approach became a condition for local governments and stakeholders to access global funding on the pretext that it encourages transparency, accountability, balance of power, effectiveness and ethical leadership. In the early 2000s, the government of Zimbabwe and its stakeholders, through its ministerial wing of health, the National Aids Council (NAC), launched a series of five-year Zimbabwe National Strategic Plans (ZINASP) to implement the multisectoral HIV/AIDS governance approach. Chigora & Guzura (2011) argue that the launch of the multisectoral HIV/AIDS

governance approach in response to the multiple drivers and the impact of the epidemic in Zimbabwe coincided with the socioeconomic and political instabilities that manifest through violence, human rights abuses and corruption in the late 1990s to the early 2000s.

Whilst HIV/AIDS and its multiple drivers were concentrated mainly in Southern Africa, Ringson (2017a) revealed that the multisectoral approach is working better in countries such as South Africa and Botswana because of their peaceful and internationally acceptable leadership approaches. This study, therefore, examines the effectiveness of the implementation of the multisectoral coordinated approach in mitigating the multiple drivers and impact of HIV/AIDS towards the achievement of the Agenda 2030 of the SDGs on global health in Zimbabwe. The study commences by contextualizing the problem of HIV/AIDS and the concept of the multisectoral approach in Zimbabwe from its inception to date. The socioeconomic and political context of Zimbabwe compounded with the conceptualization of the HIV/AIDS epidemic. The conceptualization of the theories of governance and basic human needs as the critical theoretical underpinning of this study followed this. Governance theory plays a pivotal role in this study because it is a decisive factor in determining the effectiveness of public value delivery in any government. The nonfulfillment of basic human needs reflects the failure of any humanitarian intervention. Hence, the conceptualization of the essential human needs theory and service delivery in this study, compounded with governance, becomes critical in assessing the impact of the multisectoral HIV/AIDS governance in Zimbabwe. Subsequently, the study explains the qualitative phenomenological methodology desktop of the study. Lastly, the study provides the findings, a discussion of the findings, conclusions and the implications of the study based on the findings.

2. Contextualizing the Multisectoral HIV/AIDS Governance in Zimbabwe

The term multisectoral coordination refers to the process of organizing people or groups into a systematic way of functioning so that they work together correctly and in harmony to bring about effective results (Apaza, 2009). From the literal meaning of the term coordination, the coordinated multisectoral governance approach's purpose is to bring effective results in mitigating the multiple drivers and the impact of HIV/AIDS in Zimbabwe. Fukuyama (2013:3) defines governance as the government's ability to make and enforce rules and deliver services, regardless of whether that government is democratic. Whilst most governance scholars, such as Brown and Heyhood (2005), distinguish governance in terms of good and evil, Fukuyana (2013) focuses on delivery, which is the crux of the examination undertaken by this study in assessing the impact of the multisectoral HIV/AIDS governance in mitigating the multiple drivers and effects of HIV/AIDS in Zimbabwe.

Southern Africa, of which Zimbabwe is a part, is the epicentre of HIV/AIDS prevalence rates in the world (NAC 2016). The UNAIDS (2016) adds that the estimated number of people living with HIV/AIDS in Southern Africa at 17.4 million. This is almost 30% of the global number of people living with HIV/AIDS (PLWHA) in an area where only 2% of the world population resides. In response, Zimbabwe implemented a comprehensive multisectoral approach within a coordinated governance framework to HIV/AIDS which resulted in the government declaring HIV/AIDS a national emergency in 2002 (Zimbabwe Aids Network (ZAN) 2016). However, through the government's successive initiatives and time-bound plans from 1985 to present, the government employed multisectoral intervention strategies coordinated by National Aids Council

(NAC) a government line ministry responsible with the monitoring and evaluation and publishing of every data that pertains HIV/AIDS. The government established successive initiatives and time-bound plans, including a universal screening of blood for HIV/AIDS before transfusion and a one-year emergency short-term plan (STP) aimed at creating public awareness about HIV/AIDS and training health personnel from 1987 to 1988. Subsequently, the first medium-term plan (MTP1) from 1988- 1994 focused on consolidating and expanding interventions motivating appropriate behaviour change, counselling and caring among specific population groups.

The second was the medium-term plan (MTP2) from 1994 to 1998, which brought the incubation of a multisectoral or coordinated HIV/AIDS intervention approach. The multisectoral coordinated intervention approach ultimately replaced the fragmented intervention approach that was commonly used by nongovernmental organizations (NAC, 2014). The fragmented intervention approach was a framework whereby the stakeholders would carry out their HIV/AIDS initiatives without the monitoring of the government and any consortium with other organizations. These organizations were accountable directly to their donors and the government, in this case, had very little involvement in the disbursement of resources. The government blamed this intervention approach for several short-comings that include but are not limited to (i) double-dipping of benefits and support to the community and beneficiaries, (ii) political involvement of the nongovernmental organizations in support of the opposition party, (iii) politicization of the support and services rendered to the local community by the nongovernmental organizations, (iv) duplication of responsibilities and services and (v) lack of accountability and transparency of the donor resources by the non-organizations.

The introduction of the multisectoral HIV/AIDS governance approach sought to curb the operational challenges among the HIV/AIDS service providers. In doing so, the coordinated approach brings to cessation the operation of the National Association of Nongovernmental Organizations (NANGO) in coordinating all the nongovernmental organizations' activities within a fragmented approach (Ringson, 2020a; 2020b). Sachikonye (2014) argues that the multisectoral coordinated governance policy paved the way for establishing a coordinated humanitarian approach under the supervision of the government. As a result, the incumbent government manipulated the nongovernmental organizations into state apparatuses, which muzzled the dissent voices of the civil society in the country. The coordinated HIV/AIDS approach is hierarchical, and it advocates for the over-centralization of powers. Whilst many improvements were coming with the coordinated approach, the incumbent government manipulated the system to spearhead its manipulative political ideas to the rural communities. Thus, the "three in one" principles were promulgated following a series of meetings between countries' donors and UN agencies facilitated by UN Aids in Nairobi in September 2003. These include one agreed HIV/AIDS framework, one national AIDS coordinating authority with a broad-based multisectoral mandate and one agreed country-level monitoring and evaluating system (NAC, 2015).

The preceding three in ones' principles, as promulgated by the Extended Zimbabwe National Strategic Pan (Extended ZINASP111 2015-2020), aimed at achieving a Zimbabwe with zero new infections, zero discrimination and zero AIDS-related deaths, leading towards ending AIDS by 2030. Its mission is to contribute to achieving improved well-being and healthy lives for all population groups through universal access to HIV prevention, treatment, Care and support services (NAC, 2015). The multisectoral HIV/AIDS governance approach is as an HIV/AIDS intervention policy in Zimbabwe

(Extended ZINASP111 2015-2020). For its execution, the government of Zimbabwe formulated a five-year strategic plan called 'ZINASP from 2004-2009 until the most recent strategic plan of 2016-2020.

Notwithstanding the robustness of the multisectoral policy, Ringson (2017b) argues that the support structures and resources to implement them are lacking. Therefore, the government and its stakeholders are inevitably suffering from policy implementation challenges, for instance, the monitoring and evaluation policy. The multisectoral HIV/AIDS governance strategy, according to the Inter-Agency Standing Committee (IASC) (2016), is a humanitarian crisis response measure to the HIV/AIDS pandemic. The coordinated governance or multisectoral approach was used in different perspectives across the globe in general and in Zimbabwe in particular. For instance, the approach was sometimes called partnership, multidisciplinary, multisectoral collaboration and community-based effort (Asencio Toro *et al.*, 2006). The Extended ZNASP111 (2015-2020) identified these coordinated intervention strategies as right-based advocacy, psychosocial support, community home-based care and treatment and Care. Similarly, the UNAIDS (2016) identified community home-based care, advocacy, psychosocial support, peer education and condom distribution. As a matter of example, some ongoing HIV/AIDS support groups, for instance, Batanai HIV/AIDS Service Organisation in Masvingo Province, employ the above-identified intervention strategies.

3. Agenda 2030 of Sustainable Development Goal on Global Health

Transforming our world: the 2030 Agenda for the SDGs outlines a transformative vision with 17 SDGs for economic, social and environmental development (Acharya *et al*., 2018). While all the SDGs are related to socioeconomic and ecological aspects, only SDG 3 ensures healthy lives, promotes well-being for all ages and focuses on human health. Odugleh-Kolev & Parrish-Sprowl (2018) argue that implementing the 2030 agenda requires a multistakeholder, multi-actor response. Innovations and development in policy, technology and research must include dialogue between governments, the private sector, civil society organizations and nongovernmental organizations; most importantly, strong community involvement is needed. On the preceding basis, Acharya et al. (2018) assert that the focus of the 2030 agenda on addressing country-level needs should embrace the engagement of all actors and sectors, as opposed to the traditional top-down, single-sector approach. Thus, multisectoral governance is at the core of approaching the social determinants of health and addressing antimicrobial resistance through a one-health approach. Therefore, Multisectoral governance is the prerequisite that the World Health Organisation (WHO) and other donors require to support the member countries with the resources to implement health-related policies within their countries.

In response to the impact of the COVID-19 pandemic, the WHO convened its Thirteenth General Programme of Work (GPW13), 2019–2025, to review its member countries' support mechanism and strategies for implementing the SDG 3 towards the achievement of the global health agenda 2030. Besides the multisectoral HIV/AIDS governance approach, the WHO GPW13 proposed the triple billion strategy with five priorities aligned with the planning cycle of the United Nations (WHO, 2019). Table 1 below illustrates WHO's five priorities in addressing SDG3 towards the achievement of Agenda 2030 for global health:

According to WHO (2019), the first three WHO priorities are aligned with the triple billion targets of healthier populations, universal health coverage and health emergency protection, respectively. The fourth and fifth priorities represent the strategic functions of a more effective WHO, providing better support to countries. This paper argues that while the WHO puts its priorities as benchmarks for supporting all its member states, most African countries still struggle to abide by these priorities due to various socioeconomic and political challenges. Ringson (2023) argues that the cultural and epistemologies that inform the global governance approaches make some countries struggle to embrace and implement the universally dictated governance systems.

Table 1: WHO's Five Priorities for SDG3 Agenda 2030 Global Health for Member States

Priorities	Descriptions of the priorities
Priority 1	To support countries in making an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes.
Priority 2	To support a radical reorientation of health systems towards primary health care, the foundation of universal health coverage;
Priority 3	Urgently strengthen the systems and tools for health emergency preparedness and response at all levels, underpinned by solid governance and financing to initiate and sustain those efforts, connected and coordinated globally by the World Health Organisation.
Priority 4	To harness the power of science, research, innovation, data, delivery and digital technologies as critical enablers of the other priorities.
Priority 5	Urgently strengthen the World Health Organisation as the leading and directing authority on global health, at the centre of the worldwide health architecture, building around empowered country offices.

Source: WHO (2019)

4. Phenomenological Philosophy, HIV/AIDS and the Basic Human Needs

The lived experiences or lifeworld phenomenology conceives that the meaning, reality, truth or understanding is socially, historically, culturally or mentally constructed and does not exist independently of human consciousness. Basic human needs, regarding phenomenology, which views the world in its totality, embrace all aspects necessary for human existence. Matshabaphala (2001) and Ringson (2023) observed that this is in tandem with the phenomenological orientation of extracting the depth and width of the meanings attached to phenomena after looking at their totality. Thus, to improve the well-being of the infected and affected with HIV/AIDS, basic human needs like subsistence, participation, affection, identity, creativity and understanding (Maslow, 1943; Max-Neef & Ekins, 1991) should be provided in their totality.

According to the phenomenological philosophical maxims, such essentials for human existence ought not to be provided in isolation but rather holistically and simultaneously because the non-provision of one of these needs will broadly compromise the welfare of the infected and affected with HIV/AIDS. Thus, all the interventions

targeted to improve the well-being of these vulnerable groups in society should pass the totality test by embracing the economic, psychological, physiological, social, cultural and political dimensions of basic human needs. Equally important to note is that phenomenology, as a branch within the social sciences discipline and practice, is aimed at an in-depth understanding of human interactions and behaviour according to the meanings and interpretations given to the reality by those experiencing the social phenomenon under study (Ringson, 2017b). To this end, such phenomenological attributes as intentionality, consciousness, subjectivity, meaning, understanding and rationality given or attributed to the infected and affected with HIV/AIDS and their support in Zimbabwe are the ones who should be the units of analysis when it comes to understanding the nature of the essential human needs appropriate for them. Therefore, it is natural that humans are conscious beings engaging in all endeavours to liberate themselves from the challenges of impoverishment, nihilism, destruction, and alienation. In so doing, a person knows what will liberate them from such agony, hence the need for placing the infected and affected with HIV/AIDS and their support at the centre of deliberating the type of basic human needs, in their holistic nature, suitable for their emancipation.

5. The multisectoral governance and the anatomy of governance theory

Lisk (2009) postulates that governance issues are critical to global, regional and national efforts to address the AIDS epidemic. This is partly due to the many stakeholders and cash flows involved. It also reflects the intrinsic link between institutional capacities, broad-based participation and accountability on the one hand and evidence of progress in responding to AIDS on the other. How society is organized for governance in terms of the "pact" or relationship between those who govern and those whom they govern is now a critical factor in the outcomes of the AIDS response. After more than 30 years of addressing AIDS, there is now a growing body of evidence from national experiences, as well as consensus in global public policy circles, that effective governance is essential for an effective response to AIDS. According to Lisk (2009), from the perspective of effective AIDS responses at the national level, critical elements of effective governance are linked to several requirements, some of which are pretty obvious and others which are not, including (a) political leadership and commitment; (b) adequate capacities of relevant state institutions; (c) adequate domestic spending on HIV prevention, treatment and Care in the context of the national budget. The preceding explanation helps to understand the importance of the application of governance theory in the examination of the prospects and challenges of the multisectoral HIV/AIDS governance towards the achievement of the SDG3 global health agenda 2030 in Zimbabwe.

The expected outcome of the multisectoral HIV/AIDS intervention is in the government's ability to deliver the basic needs of its people infected and affected by the pandemic**.** As such, service delivery is a measuring standard or canon of the government's policy effectiveness. According to Matshabaphala & Ringson (2022), service delivery entails delivering public goods such as health, education, sports, food and recreation to mobilize human capabilities, among other things. Whenever a crisis or disaster arises, it calls for the government to be accountable for delivering services that help mitigate its people's challenges and thereby save human lives. Such is also the case with HIV/AIDS in Zimbabwe, where the multisectoral intervention policy was launched to mitigate the intensity of the pandemic by delivering the basic needs of the people, such as shelter,

health/medication, education and recreation through its government systems. As such, for the effective implementation of such policies, as part of accountability, the government is mandated to mobilize the resources from within or without its domain, such as the international networks. Embedded in the aforementioned, Armstrong (2016) argues that the concept of leadership in its broad terms comes into the picture as a commitment to make the world around you a better place for others. Armstrong (2016) further argues that service delivery is through leadership as the anatomy of any given country's governance systems and policies. In the premises of both the interpretive and literal understanding of the concepts of governance, basic human needs and service delivery, the impact of the multisectoral HIV/AIDS intervention in Zimbabwe can be phenomenologically examined.

6. Methodology

This qualitative desktop research uses phenomenological analysis to examine the multisectoral HIV/AIDS governance's endeavour to achieve the 2030 Agenda for Sustainable Development Goals on Global Health in Zimbabwe. This study considered the phenomenological desktop method appropriate because it utilizes literature on the participants' lived experiences, perceptions, feelings and views (Cooper *et al*., 2012). Husserl (1970), the brain behind phenomenological philosophy, defines phenomenology as a philosophy of the participant's experiences, feelings and perceptions. This study consulted relevant literature, including books, published articles and unpublished government ministerial policy reports, as sources of information for discussing heritage-based ethical leadership in corporate leadership. The relevant questions responded to in this study include: what is the multisectoral HIV/AIDS governance coordinated approach? To what extent has the multisectoral coordinated governance approach helped in addressing the challenges of HIV/AIDS towards the achievement of SDG3 Agenda 2030 of global health? The phenomenological approach followed the subjectivism philosophy, which resonates with the subjective interpretation of the actors' views and experiences based on the existing literature (Matshabaphala & Ringson, 2022). Desk research collects data from existing resources; hence, it is often considered a low-cost technique compared to field research, as the main cost consists of the researcher's time, telephone charges and directories. Desk research is effective, quick and cheap and the essential information is easily accessible.

Discussion of the literature and documentary findings

The logical discussion of the findings and insights of this study from the literature broadly informs the study of the prospects and challenges underpinning the multisectoral HIV/AIDS governance in achieving the SDG 3 Agenda 2030 global health in Zimbabwe. Under the prospects, the study discussed the holistic approach, multistakeholder and grassroots participation and democratic characteristics of the multisectoral HIV/AIDS governance, which can help the member states to achieve the SDG3 Agenda 2030. On the contrary, the study provides the counter challenges to the preceding prospects, including Political polarisation, victimization and interferences, bureaucratic governance system and lack of resources and ethical leadership as possible hindrances to achieving the SDG 3 agenda 2030 in Zimbabwe.

Prospects of multisectoral approach and SDG3 Agenda 2030

The literature demonstrates that the prospects of multisectoral governance in the achievement of the SDG3 Global Health Agenda 2030 lie in broadening participation in democratic governance and a holistic approach to the provision of basic human needs and addressing the drivers of HIV/AIDS in Zimbabwe. This section further discusses these prospects for attaining the Global Health Agenda 2030 in the subsequent subsections of the study.

Broadening Participation in Democratic Governance in Zimbabwe

Government reports such as the NAC (2016) and Extended ZINASP111 2015-2020 reveal that the AIDS crisis contributed to the growth of civil society organizations in the implementation of AIDS programmes at all levels. They account for a substantial proportion of the total resources made available for responding to AIDS, including projects and programmes for prevention, treatment, Care and support. Civil society organizations have also partnered with other stakeholders, including the public sector, to improve service delivery at the community level. The notion of democratic governance implies that national strategies and policies combine "bottom-up" and "top-down" approaches to developing national AIDS strategies and agendas. Under the circumstances, the identification of stakeholder groups and the active participation of such groups are essential to developing a needs-based approach to AIDS programmes and interventions. This is because the stakeholder groups tend to focus on consensus-based approaches. They identify the constituencies' and communities' needs and priorities while ensuring the process and outcome are as transparent as possible. According to Lisk (2009), multisectoral governance fosters government accountability to stakeholders through various means, such as creating an action-oriented agenda, publishing audited reports and setting up independent monitoring and evaluation of programmes and interventions. Likewise, there is also a need for governments and donors to hold each other mutually accountable for the implementation of plans and programmes so that they benefit from consistent oversight, periodic review and assessment of needs and requirements, and a mutually acceptable definition of what can be termed effective outcomes.

Prominently, the literature shows that the multisectoral approach includes but fosters unity among the stakeholders with the government and makes the environment conducive for the achievement of the SDG 3 Public Health Agenda 2030. However, on the contrary, Hove (2012) argues that the strengths of the Zimbabwean policies are in theory rather than practice. In fostering stakeholders' unity, the findings have shown that whilst the stakeholders seemingly worked together practically on paper, many divisions were precipitated by their divergence of political interests and support. There was a lot of hostile suspicion between the stakeholders and the incumbent government party. This goes in tandem with Dorman (2001), who posits that the nongovernmental organizations made significant attempts with the government to fight HIV/AIDS, but political differences undermined the relationship. The incumbent government's political party regarded the nongovernmental activities as suspects.

Psychosocial, Spiritual and Physiological Human Needs Provision

The basic needs and services provision by the multisectoral governance to the people infected and affected with HIV/AIDS takes a holistic approach. According to Tigere (2016), the multisectoral approach provides physical, psychological, spiritual and

emotional benefits for attaining SDG3 for the Global Health Agenda 2030. Based on the above, the impact of the multisectoral approach in mitigating the challenges of HIV/AIDS has a propensity to be holistic to meet all the dimensions of human needs. Ringson (2017b) argues that the needs of the people infected and affected by HIV/AIDS are dynamic and require dynamic and holistic approaches to mitigate them. The findings have shown that whilst the coordinated multisectoral approach steadily reduced HIV prevalence by 24 per cent over the last ten years (from 18.1percent in 2005 to 13.8 per cent in 2015) according to ZINASP (2015-2020), it could have achieved more than this if it was implemented within a socioeconomic and political permissible environment. It was shown that the impact of a policy is beyond its theoretical comprehensiveness but lies in the environment in which it is implemented. In theory, the multisectoral intervention approach has all the required qualities of a good policy and its effectiveness prospects were much higher than those of futility. Thus, the multisectoral governance's holistic approach has the potential to address all the socioeconomic and political drivers of HIV/AIDS, potentially making it possible to achieve the SDG 3 Global Health Agenda 2030.

Challenges of multisectoral approach and SDG 3 Agenda 2030

The literature overwhelmingly demonstrates that the challenges and impediments of the multisectoral governance in achieving the SDG 3 Global Health Agenda 2030 lie in the political polarization, victimization of the stakeholders on political grounds and the incumbent government's interferences with the day-to-day running of the stakeholders' HIV/AIDS programmes. Furthermore, the literature shows that the bureaucratic governance and lack of ethical leadership in Zimbabwe are potential impediments to achieving the SDG3 Global Health Agenda 2030. This section further discusses these challenges for attaining the Global Health Agenda 2030 in the subsequent subsections of the study.

Political polarization, victimization, and interferences in Zimbabwe

Given the political victimization and interferences, the nongovernmental organizations accused the incumbent government of having an adverse human rights record characterized by a culture of impunity that contradicted the elementary values of democracy. The incumbent political party viewed the nongovernmental organizations and other faith-based organizations as hatcheries and conduits of a vicious regime change agenda, and these differences reduced the possibility of working together smoothly. In this view, the discord between theory and practice in implementing the coordinated multisectoral approach has compromised the potential of its achievement. The findings further confirmed that the fighting among the stakeholders depleted the unity of purpose, dissipated the resources and participation of the grassroots was compromised people fearing victimization on political grounds.

The significant challenges from the findings that deterred the coordinated multisectoral approach to achieving what it was intended include political interference, scarcity of resources and disunity among the stakeholders. Regarding political interference, the findings have shown that the incumbent government politicized the programme to gain political mileage (Sachikonye, 2014; Ringson, 2017b). In this view, the politicization of the development policies by the ruling party contributed to the spread and unwarranted deaths of people through HIV/AIDS. The findings also revealed that some nongovernmental organization withdrew their services and confirmed that sanctions

made the implementation of the coordinated multisectoral policy difficult (Hove, 2012). The main reason which caused Zimbabwe to be put under economic sanctions was human rights abuse that was perpetrated by the ruling party (Sachikonye, 2014; Hove, 2012).

Bureaucratic-traditional governance and lack of ethical leadership

While bureaucratic governance or management style suits quality control systems, it deters development if exercised excessively. Evidence from the findings has shown that the coordinated multisectoral approach was taking too long to approve some stakeholders' services at the expense of the dying people. These delays were mainly attributed to the government's political censorship of prospective service providers. This red tape system insinuated the withdrawal of services by many international organizations and their donors. ZINASP (2018-2020) reported a decrease in HIV prevalence in Zimbabwe by 24 per cent through the coordinated multisectoral approach between the period 2005 and 2015. The preceding is remarkable, but more could have been done if the environment were socioeconomically and politically permissible. The aforementioned strange deterrence factors mainly centred on political interference; this study advocates for an apolitical policy implementation approach with grassroots involvement in its formulation. From the findings, the study overwhelmingly established that the political environment in Zimbabwe for the past three decades was the primary deterrent factor that venerated individual political interests at the expense of humanitarian development. A permissible and tolerable environment allows liberal, accessible, fast-responsive interventions to meet people's basic needs. Thus, Tigere (2016) argues in his psychosocial support wheel model that people's basic needs are multidimensional, dynamic, and complex. As such, there is a need for an apolitical governance system that calls for a unity of purpose among the stakeholders in policy implementation at the grassroots level.

Implications of the study towards the Achievement SDG3 Agenda 2030

The evidence suggests that the impact of the coordinated multisectoral HIV/AIDS interventions in Zimbabwe was compromised by political interference. The study established humanitarian and development policies were manipulated and used to spearhead the political interests of the incumbent government's political party. This was caused by the absence of an apolitical policy implementation culture in Zimbabwe, where the ruling party does not dominate. By implication, to improve the positive impact of the coordinated multisectoral HIV/AIDS interventions, as shown by the findings, public service workers in consortium with the government arms must promote humanitarian security more than state security. Hove (2012) argued that for the past three decades, the incumbent government's political party's policies have mainly been centred on state security more than humanitarian security. This claim manifested in the government's bilateral and multilateral relationship breakdown. Social workers must also ensure an apolitical implementation of development policies prioritizing humanitarian security more than state security. Social workers must desist from being used by political parties as political activists, as Dorman (2001) suggested. Instead, social workers must be promoters of human rights and advocate for the needs of the people infected and affected with HIV/AIDS to the government and other stakeholders. The government and its stakeholders in fighting HIV/AIDS must pay the community home-based caregivers for motivational purposes. It was pathetic to hear that sometimes, they use scarce resources to assist people within their communities. This can be done through the allocation of sufficient resources in the health department to promote coordinated multisectoral

HIV/AIDS interventions. Strategies that attract resources, such as improving bilateral and multilateral relationships, must be modified. Lack of resources was one of the significant challenges that deterred the smooth sailing of the multisectoral approach. Based on the preceding implications, this study recommends that the government, as the key role player, create a harmonious relationship with its stakeholders to enhance its service delivery.

7. Conclusion and Recommendations

In conclusion, the study concluded that whilst there is a lot of commendable achievement of the multisectoral HIV/AIDS intervention approach, its effectiveness in mitigating the multiple drivers and impact of HIV/AIDS was marred by the uneven socioeconomic and political landscape in Zimbabwe for two decades. The study established that Zimbabwe's policies and intervention programs are excellent in theory but weak in implementation based on the lack of resources and protracted political conflicts compounded by human rights violations, corruption and poor leadership. It is therefore concluded and recommended that the government and its stakeholders must establish and nurture the unity of purpose from the grassroots to attract more resources from the international community and business community. Simply put, the preceding proposition can be lubricated by the government's and its stakeholders' willingness to create the bilateral and multilateral relationship the study established, which was not there due to bad politics that marooned Zimbabwe for the past three decades. The study suggests the following recommendations to strengthen the multisectoral governance in African countries and Zimbabwe in particular:

- Strengthening the role of the UN Resident Coordinators: The UN Country Team (UNCT) arrangement, in which UNDP country offices play a crucial role, provides an architecture for improved coordination of the UN system–comprehensive support for national development efforts, including AIDS responses.
- Facilitating stakeholder participation and accountability: So far, donor consultative groups and UNCT consultation processes seldom include stakeholders representing specific local interests.
- Incorporating peer review mechanisms: In addition to the independent monitoring and evaluation of the AIDS agenda, a peer review process (such as that adopted by the African Union) would be an effective governance tool for monitoring the implementation of AIDS programmes by governments and different stakeholder groups, including the multilateral and bilateral agencies, NGOs and Civil Society Organisations.
- Strengthening national capacity for effective governance of AIDS responses: National capacity, regarding various skills and competencies, is indispensable for addressing governance issues in AIDS responses. The needs extend from the ability to establish and staff a national AIDS coordinating body (NAC) to skills for monitoring and evaluating programmes.

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